OGE Form 278e (Updated Jan. 2019) (Expires 12/31/21)						
U.S. Office of Government Ethics; 5 C.F.F.	R. part 2634   Form Approved: OMB No. (3209-0001)					
Report Type:	Candidate					
Year (Annual Report only):						
Date of Appointment/Termination:						

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UNITED STATES OFFICE OF
GOVERNMENT ETHICS

Preventing Conflicts of Interest
in the Executive Branch

## Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information							
Last Name	First Name	MI	Position	Agency			
Inslee	Jay	R	Candidate for President				
Other Federal Government Positions Held	During the Preceding 1:	2 Months:					
-							
Name of Congressional Committee Consideration	ering Nomination (Non	ninees only):					
Filer's Certification - I certify that the stater	nents I have made in th	is report are true, c	omplete and correct to the best of my know	vledge:			
Signature:							
Agency Phics Official's Opinion – On the	basis of information an	ntained in this rang	out I conclude that the files is in compliance	a with applicable laws and manufations			
(subject to any comments below)	basis of information co	mamed in this repo	ort, I conclude that the mer is in compliance	e with applicable laws and regulations			
Signature:							
Other Review Conducted By:			•				
Signature:	5		Date: 5   15   2	019			
	J.S. Office of Government Ethics Certification (if required):						
Signature:			Date:				

Comments of Reviewing Officials:

Reviewed for Apparent Compliance with the Federal Election Campaign Act

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

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	rt 1: Filer's Positions Held Outs					
	Organization Name	City/State	Organization Type	Position Held	From	To
1.	State of Washington	Olympia, WA	Governmental	Governor	01/2013	Present
2.	National Governors Association	Washington, DC	Association	Vice Chair of the Education and Workforce Committee	01/2019	Present
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Note: This is a public form. Do not include account numbers, street addresses. or family members

	te: This is a public form. Do not include account number	s, stree	et addresses, or family memb	er names. See instruc	tions for required informati	on.
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_	y Inslee					2
Pa	rt 2: Filer's Employment Assets & Income and F		THE RESIDENCE OF THE PROPERTY OF THE PARTY O			
#	Description	EIF	Value	Income Type	Income Amount	
1.	State of Washington	N/A		Salary		\$221,905.68
2.	Washington State Public Employees' Retirement System, defined benefit plan, (value not readily ascertainable): eligible for \$1,942.00/mo. at retirement.	N/A			None (or less than \$201)	
3.	IRA #1	No			None (or less than \$201)	
4.	4.1 U.S. Bank Account (Cash)	N/A	\$1,001 - \$15,000		None (or less than \$201)	
5.	4.2 Alaska Air Group Incorporated (ALK)	N/A	\$1,001 - \$15,000	71	None (or less than \$201)	
6.	4.3 Amazon.com, INC (AMZN)	N/A	\$15,001 - \$50,000		None (or less than \$201)	
7.	4.4 Boeing Co (BA)	N/A	\$15,001 - \$50,000		None (or less than \$201)	
8.	4.5 Costco Wholesale Corp New (COST)	N/A	\$1,001 - \$15,000		None (or less than \$201)	
9.		N/A	\$15,001 - \$50,000		None (or less than \$201)	THE PROPERTY AND A STATE OF THE PARTY OF THE
	4.7 Expeditors Intl. Wash INC (EXPD)	N/A	\$1,001 - \$15,000		None (or less than \$201)	
	4.8 Expedia Group INC (EXPE)	N/A	\$1,001 - \$15,000		None (or less than \$201)	
	4.9 Microsoft Corp (MSFT)	N/A	\$15,001 - \$50,000		None (or less than \$201)	
	4.10 Starbucks Corp (SBUX)	N/A	\$15,001 - \$50,000		None (or less than \$201)	
	4.11 T-Mobile US Inc Com (TMUS)	N/A	\$1,001 - \$15,000		None (or less than \$201)	
	4.12 I Shares Tips Bond ETF (TIP)	Yes	\$100,001 - \$250,000		None (or less than \$201)	
16.	"Apollo's Fire: Igniting America's Clean Energy Economy," Island Press. (Value not readily ascertainable).	N/A			None (or less than \$201)	
	"Elvis and the Elves: The Mystery of the Melting Snow," Self published. (Value not readily ascertainable).	N/A			None (or less than \$201)	
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THE	er's Name	Do not include ac	count numbers, street addresses, or family member names. See instructions for required informatio	
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	y Inslee			3
	ırt 3: Filer's Employn			
#	Employer or Party	City/State	Status and Terms	Date
1.	Washington State Public Employees' Retirement System	Olympia, WA	I will continue to participate in the Washington State Public Employees' Retirement System defined benefit pla	an. 01/2013
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Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

# <b>Source</b> 1. N/A	iler's Sources of Compens	sation Exceeding		Page Number 4								
# <b>Source</b> 1. N/A	iler's Sources of Compens Name	sation Exceeding	\$5,000 in a Year									
# <b>Source</b> 1. N/A	Name	C' 10	rt 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year									
		City/State	Brief Description of Duties									
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Pa	art 5: Spouse's Employment Assets & Income a	nd Reti	rement Accounts			
#	Description	EIF	Value	Income Type	Income Amount	
1.	IRA #1	No				
2.	1.1 U.S. Bank Account (Cash)	N/A	\$1,001 - \$15,000		None (or less than \$201)	
3.	1.2 Costco Wholesale Corp New (COST)	N/A	\$1,001 - \$15,000		None (or less than \$201)	
	1.3 Starbucks Corp (SBUX)	N/A	\$1,001 - \$15,000		None (or less than \$201)	
5.	1.4 Zumiez Inc. (ZUMZ)	N/A	\$1,001 - \$15,000		None (or less than \$201)	
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100	y Inslee				Fage Number 6
_	art 6: Other Assets and Income				
	Description	EIF	Value	Income Type	Income Amount
1.	U.S. Bank Account (Cash)	N/A	\$100,001 - \$250,000	Interest	\$201 - \$1,000
2.	Brokerage Account	No			***************************************
3.	2.1 U.S. Brokerage Account (Cash)	N/A	\$50,001 - \$100,000		None (or less than \$201)
4.	2.2 Zumiez Inc. (ZUMZ)	N/A	\$1,001 - \$15,000		None (or less than \$201)
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	/ Inslee			7						
Pa	rt 7: Transactions									
#	Description	Туре	Date	Amount						
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<u>Instructions for Part 8</u> Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.							
File	er's Name			- instructions for	required information.	Page Number	
Ja	y Inslee			### ### 100 Press #### #### #### #### ### ### ###	TERROR CONTRACTOR AND SERVICES	8	
Pa	rt 8: Liabilities						
	Creditor Name	Туре	Amount	Year Incurred	Rate	Term	
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Ja	ler's Name ay Inslee			9	24-05-05-05-05-05-05-44-
P	art 9: Gifts and Travel Reimbi	ursements			
# 1.	Source Name	City/State	Brief Description		Value
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